

Surecare Health Limited

Lezayre Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Lezayre Nursing Home is a care home providing personal and nursing care for up to 36 people. At the time of the inspection there were 33 people living in the home, some of whom were living with dementia.

People's experience of using this service and what we found

Risks to people were not always monitored and mitigated to maximise people's health and wellbeing. Records showed people did not always receive the care they needed and not all care plans reflected people's current needs. Other individual risks, such as smoking and use of bed rails, had been assessed and regular checks were made on the building and equipment to help ensure safety.

Medicines were administered by staff assessed as competent. However, they were not all stored safely as temperatures were not monitored in all areas where they were stored. When people required medicines to be administered covertly (hidden in food or drink), staff lacked clear guidance on how to administer these safely.

We made a recommendation regarding the systems in place to monitor the quality and safety of the service. Although there was a range of audits and checks in place, we found that these were not always effective. Not all of the issues we identified during the inspection had been highlighted through the audit systems and where areas for improvement had been identified, action had not always been taken to address them.

The home appeared generally clean and people and their relatives told us this had greatly improved recently. Cleaning schedules were in place, but these could be further improved to include cleaning of frequently touched areas. Staff had access to relevant PPE, and we observed this to be used appropriately. There was a system in place for staff COVID-19 testing, but the oversight of these procedures required further development.

People's friends and relatives were supported to visit in line with government guidance. Relatives told us they were kept updated and informed of any changes in their family members wellbeing.

There were sufficient numbers of safely recruited staff to support people. People and their relatives told us the home was a safe place to live. There were systems in place to report accidents and incidents and safeguarding referrals were made appropriately. Referrals were made to other health professionals for specialist advice when required and people could access a GP at any time if they were unwell.

Although staff told us they had completed relevant training, it was difficult to establish which staff had completed what training, as the training matrix did not clearly reflect the eLearning and practical training each staff member had undertaken.

People's nutritional risks had been assessed and people told us they had enough to eat and drink and

enjoyed the meals available. However, records did not always provide consistent information regarding people's nutritional needs.

Systems were in place to seek and record people's consent to their care. When people had been assessed as lacking the capacity to consent to a decision, best interest decisions were made on their behalf appropriately. Applications had been made to deprive people of their liberty, but mental capacity assessments were not always completed prior to the application, to ensure it was necessary.

People living in the home, their relatives and staff, all told us the home was managed well. Staff told us they enjoyed working in the home and were well supported by the registered manager. Feedback was also sought on the quality of care provided to people and this feedback was positive.

The registered manager responded in a timely way to address issues identified during the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 December 2021) and there was a breach of Regulation 12 (safe care and treatment) with regards to the management of medicines. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found that although some improvements had been made, the provider remained in breach of regulation.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We received concerns in relation to people's care and treatment, staff recruitment, consent and the governance of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches of Regulation 12 (safe care and treatment) in relation to the management of risk and medications at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lezayre Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by an inspector, an inspection manager and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Lezayre Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lezayre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and regional manager. We also spoke with four staff members, three people who lived in the home, and five relatives to gather their feedback regarding the service. We reviewed a range of records. This included six people's care records, a sample of medication records, four staff employment files and records relating to the management and monitoring of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At the last inspection we found that medicines were not always managed safely, and the provider was in breach of regulation. During this inspection, we found that some improvements had been made, but further improvements were required, and the provider was still in breach of regulation.

- Medicines were not always managed safely.
- Medicines were stored securely in locked trolleys in the clinic room and office. However, the temperature was not monitored in the office to ensure medicines were stored within the recommended range.
- When people required medicines to be administered covertly (hidden in food or drink), staff lacked clear guidance on how to administer these medicines safely
- Medication administration records were completed, however the records regarding the administration of 'as and when' required medicines were not all accurate or consistent. Poor record keeping increases the risk of medication errors being made.

The provider had failed to ensure medicines were managed safely. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were administered by staff who had their competency assessed.
- The stock balance of medicines checked were accurate, and people's allergies were recorded.

Assessing risk, safety monitoring and management

- Risks to people were not always fully assessed or mitigated.
- Care plans did not all reflect people's current needs to ensure staff knew how best to support them. One person required a hoist to help them transfer as their mobility had deteriorated, but their care plan stated they could mobilise, as it had not been updated recently.
- Information within care plans was not always consistent. For example, one person's care file showed they required a specialised diet due to swallowing difficulties. However, different parts of the care file reflected different requirements, which could lead to avoidable harm.
- Records did not always show that planned care had been provided. For instance, one person's weight was not monitored as frequently as their plan of care specified. Another person did not have their blood sugar recorded regularly to ensure their diabetes was well controlled.

Failure to effectively assess and mitigate risk to people is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The building and equipment in use were maintained through regular internal and external checks.
- Assessments regarding specific risks had been completed, such as for the use of bed rails, or risks regarding smoking.

Staffing and recruitment

- Staff were recruited safely. Records showed that relevant checks had been made to ensure staff were suitable to work in social care. This included a Disclosure and Barring Service (DBS) check, which provides information including details about convictions and cautions held on the Police National Computer and helps employers make safer recruitment decisions.
- A dependency tool was used to help establish required staffing levels.
- People and their relatives told us there were enough staff to meet people's needs. Comments included, "There are plenty of staff, I have a buzzer beside my bed so I can call someone at night. When we are in the lounge somebody sits with us all the time," "Yes there always seem to be enough staff. When I visit there is always someone there who will tell me what kind of day [relative] is having" and "There are definitely sufficient numbers of staff for her needs."
- Some relatives told us they were concerned that not all agency staff knew their family members or how to meet their needs. The registered manager told us they had recently recruited new staff, which was reducing the need to employ agency staff.

Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to ensure safeguarding concerns were reported appropriately.
- Staff were clear about their responsibilities and knew how to report any concerns they had.
- People and their relatives told us the home was a safe place to live. Their comments included, "I have no concerns about my [relative's] safety in the home. She has come on leaps and bounds since she has lived there" and "I feel my [relative] is very safe there, it is such a relief."

Preventing and controlling infection

- The home appeared generally clean and cleaning schedules were in place to help ensure the cleanliness of the home. However, these could be further improved to include cleaning of frequently touched areas, such as handrails and door handles.
- People and their relatives told us the home was clean and infection prevention and control measures were adhered to. Comments included, "There has been a great improvement in cleanliness over the last few months," "PPE is always available in the foyer. The staff always wear full protective clothing when giving personal care" and "The home is spotless; I have no concerns."
- There was a system in place for staff COVID-19 testing and the registered manager told us they monitored this. However, there was no recorded oversight of this system to evidence all staff completed tests in line with current government guidance.
- Staff had undertaken infection prevention and control training and had access to required PPE.

Visiting in care homes

- People's friends and relatives were supported to visit in line with government guidance.

Learning lessons when things go wrong

- Accidents and incidents were managed appropriately. Relevant action was taken following any accidents and advice was sought from other health professionals when needed.

- Although each incident was reviewed, there was no recent analysis of incidents to look for potential trends and prevent recurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection in November 2018, we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Not all care files contained evidence that people's needs had been assessed prior to them moving into the home, to ensure staff could safely meet their needs.
- Records did not always show people received the care they needed. Records regarding oral care were not regularly completed and one person's plan did not give enough detail to ensure staff knew how to manage their catheter needs.
- Staff had access to best practice guidance and a range of policies to support safe and effective practice.

Staff support: induction, training, skills and experience

- Staff told us they had access to and had completed relevant training. However, the training matrix did not clearly reflect both the eLearning and practical training undertaken by all staff.
- The training matrix showed that half of the staff had not completed practical fire training and nurses had not undertaken practical moving and handling training. The registered manager told us practical training was booked and would be completed by the end of May 2022.
- Staff told us they were well supported, and records showed they received regular supervision and an annual appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- Records did not always provide consistent information regarding people's nutritional needs as they had not been updated as needs changed. However, advice from specialists such as the speech and language therapy team was available in their care file and catering staff also had access to this information in the kitchen.
- People told us they had enough to eat and drink and enjoyed the meals available and relatives agreed. Comments included, "The nutrition is good, it is all home-cooked food. [Relative] has been losing weight so she is on a full-fat diet and the home is monitoring her weight," "My [relative's] appetite was not good when she was at home, but now she is here she is eating and drinking well. [Staff] asked her what she would like to eat, then went out and got it for her", and "I love the food here and I can choose, it's different each day. I'm very happy."
- Referrals were made to health professionals such as the dietician, or the speech and language therapy team when there were concerns about people's nutritional intake or needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Applications had been made to deprive people of their liberty. However, mental capacity assessments were not always completed as required prior to DoLS applications being submitted. Following the inspection, the registered manager told us capacity assessments had now been completed.
- When relatives had signed for consent on behalf of their family members who were unable to provide consent; robust records were not always maintained to evidence they had the legal authority to do so.
- Records showed that people's consent to their care and treatment had been sought and recorded and when able, people were fully involved in this process.
- When people had been assessed as lacking the capacity to consent to a particular decision, best interest decisions were made on their behalf, by relevant people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and their relatives told us GP's were contacted when people were unwell. They said, "They make sure I have pain relief for my [health condition] and I can see a doctor when I need to", and "I am always kept informed of any concerns they have about my [relative's] health."
- Care records showed that people received advice and support from other healthcare professionals when needed.

Adapting service, design, decoration to meet people's needs

- The home is currently going through a period of refurbishment to improve the décor and facilities available to people.
- There was lift access to all floors of the home, which ensured people could move about freely.
- Bathrooms had been adapted to help ensure all people could access them.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- There was a range of audits and checks in place to monitor the quality and safety of the service, however these were not always effective or up to date. They did not identify all the issues found during the inspection, such as those regarding medicines management, staff testing oversight, care planning or people's clinical needs not being monitored as planned.
- Action plans were developed when areas for improvement were identified by the audits but not all identified actions had been completed at the time of the inspection.

We recommend the provider reviews its systems to ensure effective procedures are in place to monitor the quality and safety of the service.

- The registered manager told us a new electronic care planning system was soon to be implemented and required changes to care plans, for example, would be made on the new system.
- The registered manager also took proactive action during the inspection to address the issues we found.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was aware of their role and most of their responsibilities. There was also a range of policies and procedures in place to guide staff practice.
- The Commission had not been informed of all of the incidents the provider is required to notify us of, such as those relating to DoLS. This was discussed with the registered manager and the required notifications have since been submitted.
- The current rating of the service was displayed within the home and on the provider's website as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People living in the home, their relatives and staff all told us the home was managed well. They said, "I am very, very happy with the manager. She is a great communicator. She is hands-on and knows all the residents. She is reassuring and approachable" and "The manager is absolutely brilliant; the home is definitely improving, and the décor is much better."
- Staff described the registered manager as "Approachable" and "Very supportive." They told us they enjoyed working at in the home. One staff member said, "I like where I work, I enjoy everything; the staff and

I just love the residents."

- Feedback regarding the quality of care provided to people was also positive. We were told, "The staff are caring and compassionate and nothing is too much trouble for them. It is not just a job; it is real compassion" and "The staff work very hard and are all very caring."
- Measures had been taken during the COVID -19 pandemic to enable people to maintain contact with their friends and families.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Accidents and incidents were reviewed and acted upon to ensure the service acted in a transparent way.
- Relatives told us they were always kept informed of any incidents or accidents involving their family members.
- Staff told us that they would not hesitate to inform the registered manager of any issues or concerns they were aware of.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager liaised with other health and social care professionals to help ensure people's needs were met.
- Systems were in place to gather feedback about the service. Regular meetings took place with people living in the home to gather their views, in areas such as activities, meals and the refurbishment of the home. Records from the meeting showed one person said, "Thank you for our beautiful new home, it is much more comfortable, we are all very happy."
- Records showed that staff meetings took place regularly. Staff were reminded of good practice, updated regarding changes and encouraged to share their views on the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not always managed safely. Risks were not always monitored and mitigated to ensure people's safety and wellbeing.